

Personal/Small Group Training - Medical / Pre Activity Questionnaire

Name: _____

Address: _____

Date of Birth: _____ Age: _____

Phone: Home: _____ Mobile: _____

Emergency Contact Name & Ph: _____

GP Name & Ph: _____

| Do YOU CURRENTLY haveor SUFFERED from.... any of the following? | YES | NO |
|--|-----|----|
| Heart attack, coronary revascularisation surgery, or a stroke | | |
| Pains in your chest, especially during exercise | | |
| Feel faint or have spells of severe dizziness, especially during exercise | | |
| High or low blood pressure | | |
| High cholesterol | | |
| Liver, kidney, thyroid or gastrointestinal disorders | | |
| A respiratory condition E.g. Asthma, COPD, | | |
| Diabetes Type One or Type Two Diabetes? | | |
| A neurological condition E.g. Stroke, Parkinson's, MS | | |
| Have you undergone surgery in the past six months? | | |
| Joint problems/replacements (including Arthritis, Osteoporosis) | | |
| Muscular pain | | |
| Injuries that may affect your ability to exercise? | | |
| Do you have any other physical problem that requires clarification from your doctor? | | |

If you ticked YES to any of the questions on other page, please give specific details below.

Note that you may be required to get a letter of permission from your doctor to participate in an exercise program.

Do you take any medications (either prescription or non-prescription) on a regular basis?
Yes/No If yes, what is the medication?

How does this medication affect your ability to exercise?

Please note that it is the clients' responsibility to accurately answer the questions on this form. It is also the responsibility of the client to tell the trainer of any changes in health status that differs from those on this form. It is recommended you inform your treating health professionals of your involvement in the Personal / Small group training.

If you believe you have fully understood the questions on this form and answered them to the best of your ability, and agree to notify any appropriate staff member should this information change, and then please sign below.

Signature of client: _____

Date: ____/____/____

